

# NICOZDIAMOND INSURANCE COMPANY

Our Ref & Date .....

Claim No.....

The Member-In-Charge  
Zimbabwe Republic Police

Attention: .....

TAB No .....Place of Accident.....

Day of week.....Date of Accident ..... Time of Accident.....

	1 <sup>st</sup> Vehicle	2 <sup>nd</sup> Vehicle	3 <sup>rd</sup> vehicle
Driver			
Address			
Contact Tel No	Phone:..... Email:.....	Phone:..... Email:.....	Phone:..... Email:.....
Make & Type of Motor Vehicle			
Registration Number			
Registered Owner(s)			
Insurance Company			
Policy Number			
Number of Passengers			
Damages sustained on the vehicle			

Kindly confirm the following:-

- No criminal action is contemplated against either party
- The collision is at present under investigation  
and.....is being charged for  
.....
- The case appeared in the Magistrate's Court in ..... on the.....  
when .....was convicted of .....
- A deposit fine of \$ ..... was paid by .....  
for.....
- If no one was charged please state who was responsible for the accident  
.....

Name of Police Officer ..... Rank .....

Police Date & Stamp .....